

public option. I would like to point out that it costs \$85 billion less than the next positive public option, that it covers more people, it keeps middle-income workers from either ending up on Medicare or in a situation where they can't afford health care in the health care exchange.

The robust public option, Mr. Speaker, is based on an established rate structure of Medicare plus 5 percent and an existing provider structure. So it is available, it is affordable, and it will be providing quality health care to all Americans.

Mr. Speaker, I am here to say the robust public option would be the best option for the people in the United States of America.

NOW IS THE TIME FOR HEALTH CARE REFORM

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, I stand here in the name of a film producer named Noelle, who, in the midst of trying to show the tragedy of Hurricane Katrina, was succumbed by breast cancer—did not die, but became very ill. During the midst of that time, her insurance was dropped.

I come in the name of Eric, a young lawyer who did pro bono work, who had a cold and was treated by an emergency room, given medicine for a pain in the neck, but yet died a few days later of a bacterial virus.

I come in the name of sick people across America to say that H.R. 3200, which will bring down the cost of premiums, which will provide a robust public option, will get rid of pre-existing conditions that keep you from getting insurance—which is wanted by over 70 percent of Americans, Republicans and Democrats. I come in their name to say it is time now to pass a robust health care reform package with a vigorous public option that addresses the needs of Americans and brings down the cost of premiums for all Americans, those with employer-based insurance and those who need the public option. It is time now. Martin Luther King said, "Now is the time."

HAITI

(Mr. PAYNE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAYNE. Mr. Speaker, I am very disheartened to hear that in our sister country, Haiti, there is brewing a move to impeach the current prime minister, Prime Minister Pierre-Louis.

Prime Minister Pierre-Louis has recently gained a tremendous amount of confidence from the international community. The U.S. President and former President and U.N. Special Envoy Bill Clinton made a historic special trip to Haiti that held out the promise of new investment both to create new jobs and

to help the people of Haiti. I would hope that the government officials of Haiti will consider continuing to move the country along in a positive way and move to support the prime minister.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 5 minutes.

(Mr. CUMMINGS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE HAWKS ARE SQUAWKING FOR WAR AGAIN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, the Nation's war hawks are unhappy. Their feathers are ruffled. They accuse President Obama of dithering when it comes to sending more troops to Afghanistan. They want the President to shoot first and they want him to ask questions later, but committing our Nation to war is the most important decision that any President can make. The Commander in Chief must think long and hard before doing any such thing. President Obama is making a careful review of the situation in Afghanistan, and he is right to do so.

I've had some disagreements with the President about some of his policies so far, but I strongly support his desire to think things through and consider all of his options before proceeding. So far, the only option the United States has tried for the past 8 years is the military option, and it is painfully clear, Mr. Speaker, that it has not worked. A story in today's Washington Post makes that point. It describes a U.S. official in Afghanistan who resigned his job because he opposed American strategy there. This man is a patriot, and a tough former marine who fought with uncommon bravery in Iraq. But he believes that the presence of American troops in Afghanistan is making the insurgency grow.

I made a similar argument when I voted against the Supplemental appropriations bill for Afghanistan back in May. I warned that continuing the military-only strategy will fuel anti-Americanism, and that's what is happening.

More and more, the Afghan people see America as an occupying force that cares only about itself. Meanwhile, the Taliban is doing a much better job of winning hearts and minds. We've got to turn that around. The best way to do

that is to devote most of our resources in Afghanistan to meeting the civilian needs of the Afghan people. That means humanitarian aid, jobs and economic development, education, agricultural assistance, better infrastructure, and protection from disease.

That doesn't mean we should be ignoring the violent extremists in Afghanistan—far from it. We can go after them aggressively by using the highly effective tools of SMART power. SMART power includes better intelligence and surveillance work.

The extremists in Afghanistan can be found in many small networks of individuals and groups who are spread out over the countryside. You need good intelligence to track, penetrate, and disrupt their activities.

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We must also build up the civilian police force so they can arrest the extremists. Strong policing is a highly effective counterinsurgency tool because it's right there in the villages where the extremists live.

We must also step up our diplomatic efforts. We've got to do a better job of engaging all the nations in the region that have an interest in stabilizing Afghanistan.

These strategies will work, but they won't satisfy the war hawks. President Obama is right to ignore them. He must also ignore the voices of his own administration, calling for an escalation of the war.

As he rethinks America's role in Afghanistan, I urge him to produce a strategy that relies on the tools of smart security and improves the lives of the people. That is the only real path, Mr. Speaker, to success in Afghanistan.

INDIAN HEALTH CARE—MEDICAL MALPRACTICE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, it's nothing new for the Federal Government to try to run health care. The Federal Government has been committing medical malpractice against the Native American Indians for over 200 years. It's a miserable failure. Just ask those folks that live on Indian reservations. They are treated under a system called the Indian Health Service program, a universal government-run health care system for, specifically, Native American Indians. There are long waiting lines for service; doctors are scarce; the quality of medical care is poor; it costs too much, and it results in rationed health care. When the government is running health care, people get inferior treatment.

There has been a lot of talk lately about changing the name of "public option" to call it "Medicare part E" so that will sell with the American public, or the "consumer option" is another

new politically correct phrase. I would like to suggest that we call it the "Public Indian Health Care Option for Everybody." The Indians have no option. They're forced to take the public plan.

Now let's look at the American government-run health care as it has worked out for them for 200 years. We have a lot of history taking care of the American Indians—or, shall I say, not taking care of them.

When Stephanie Little Light took her daughter, Ta'Shon Rain, to an Indian health service clinic in Montana, which she is required to do since she is under the universal health care Indian program, the doctor said that her little 5-year-old girl was just depressed. She had stopped eating and stopped walking. The little girl kept complaining to her mother that her stomach hurt all the time. After going back to the government-run health care clinic 10 more times, Ta'Shon's lung collapsed. She was then airlifted to a private, non-government hospital in Denver where they told her mom she had terminal cancer. The little girl who loved to dance and sing and dress up in Indian costumes always wanted to see Disney World, specifically Cinderella's Castle. So a charity sent the whole family there, but Ta'Shon didn't get to see that castle when they got to Florida. The little girl had died in a hotel room. This is a tragic example of universal medical health care run by the United States Government.

There is a big difference between good intentions and what really happens in the real world. When there are no doctors left and the taxpayer money is gone and when the bureaucrats control health care, people die. Is this what we are to expect under the new nationalized health care system?

They're trying to tell us that this new, improved disaster on Americans is going to be different. Yeah, right.

Mr. Speaker, they say on those Indian reservations, Don't get sick after June because that's when the Federal money runs out. So they ration health care. The Federal Indian Health Service agency calls itself—get this—a "rationed health care system" for Indians. How's that for truth about socialized medicine?

On another Indian reservation, Ardel Baker went to the reservation government-run clinic. She had chest pains. They sent her to a private hospital in an ambulance and put a note on her chest. The note read, "Understand that Priority 1 care cannot be paid for by us at this time because of funding issues." So they put a note on her and sent her on her way to a private hospital because the government would not take care of her. Ardel managed to survive that ordeal, thanks to private medicine.

Victor Brave Thunder was not so fortunate. He felt real bad and went to a government clinic on the reservation. They misdiagnosed the fact that he had heart failure and gave him Tylenol and

cough syrup and said, Get better. He later died.

Then there is Harriet Archambault. She tried five times to get an appointment on a reservation to get her hypertension medicine refilled, but government bureaucrats were nowhere to be found. So she died before she was able to get that sixth appointment at the government clinic for her medicine.

Mr. Speaker, these are examples of government-run medical malpractice against American Indians right here in America. Government-run health care never works. It never has. Even in America, we've proven it doesn't work.

The health care bill being pushed on the American people is not really about providing better quality at an affordable price. The government cannot do it better or cheaper. It's really about government control and intervention in the lives of the American people. It's about oppressive government.

So let's address specific issues of health care and solve them, like being able to buy insurance across State lines, allow businesses and associations to pool employees to get a better insurance rate, provide for a safety net for preexisting conditions and catastrophic injuries and illnesses. But we should never turn our health over to the United States Government. Just ask the American Indians.

And that's just the way it is.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. EDWARDS) is recognized for 5 minutes.

(Mr. EDWARDS of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE 6-YEAR HIGHWAY AUTHORIZATION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

Mr. DEFAZIO. I hope the gentleman who spoke before me in the well would be willing to accept one minor thing. I hear a lot from the Republicans about they want competition, they want the free market, but the problem is that insurance is exempt from antitrust law. Unlike any other industry or business, small or large, in America, except for professional baseball, they are exempt. They can and do get together and collude—collude to drive up the price of premiums, collude to stay out of one another's markets and not compete, collude not to exclude people with preexisting conditions, collude to do a whole host of anticompetitive things to stick it to the American people. So before I hear any more from that side of the aisle about supporting the private insurance industry, let's hear about having them play by the same rules as every other industry in

America. But that's not why I came to the floor this afternoon.

I came to the floor because there seems to be a little disconnect downtown at the White House with the President's economic team, yet, once again. Big surprise.

The GDP, gross domestic product, is growing, so the economy is recovering. We're out of the recession. Whoops. Well, it's a so-called jobless recovery, and we're still going to lose about 250,000 jobs a month. But they're down there celebrating.

We need to take concrete steps—not to make a bad pun—here in the House of Representatives, in Congress, to put people back to work. And one of the things that we could do best would be to ignore the President and his advisers who want to delay a new transportation policy for America, one that will deliver projects more quickly and with less expense, getting people out of congestion, giving people more transit options, fixing some of our 160,000 bridges that are either structurally deficient—there was a little problem yesterday with the San Francisco Bay Bridge—or functionally obsolete, building made-in-America streetcars, made-in-America modern buses, like the fuel cell bus I saw yesterday. But guess what? It's going to take some investment and some money.

This White House, after cutting a deal with Republican Senators for \$340 billion in tax cuts in the so-called stimulus, which isn't putting anybody back to work—ask your neighbor, ask your friend, ask anybody, What did you spend your \$12 on last week, your tax cut? How did you invest it for the future of America?

We need something that is not consumer-driven. We need a recovery that is investment and jobs-driven in this country, and a 6-year highway authorization could get that job done. The difference between the Obama plan—do nothing, extend current law and current levels of expenditure for a crumbling Third World-like infrastructure in this country—and what we're proposing here in the House of Representatives Transportation and Infrastructure Committee is 1 million jobs next year.

Now, apparently, the President's economic team thinks that they can tell those 1 million people who won't get jobs, Well, don't worry. The GDP's up, and we are losing less jobs than we were losing before. Or maybe they could get on board with us, help us write that 6-year bill, wake the Senate up from its nap, and put 1 million more Americans back to work next year rebuilding America's transportation infrastructure.

And, by the way, it meets another one of his goals. It will help him with his goals of reducing pollution, reducing carbon emissions because we'll get people out of sitting in traffic as we expand the system, deal with congestion and giving them more transit options.

I recommend that the President look for a new economic team and help us to